

EXHIBIT A

New York Life Insurance and Annuity Corporation

Home Office
200 Continental Drive Suite 306
Newark, DE 19713

Executive Office
51 Madison Avenue
New York, NY 10010

POLICY DATA PAGE

Annuitant	--	David L Minchen	AGE:	73	MALE
Policy Number	--	53 214 058			
Policy Date	--	APRIL 21, 2015			
Owner	--	Mr David L Minchen			
Plan	--	NON-QUALIFIED			

Premium Payment: \$350,000.00
Initial Interest Rate Guarantee Period Ending On: APRIL 20, 2020
Renewal Interest Rate Guarantee Period: Annually

ANNUITY COMMENCEMENT DATE : APRIL 21, 2032

Initial Interest Rate: 2.05% (Effective annual yield)
Guaranteed Minimum Interest Rate : 0.05% (Effective annual yield)

Nonforfeiture Rate: 1.00%

Nonforfeiture Value:

The Nonforfeiture Value is equal to 87.50% of the Premium Payment accumulated at the Nonforfeiture Rate since the Policy Date, minus any amounts withdrawn, accumulated at the Nonforfeiture Rate since the date of withdrawal.

Minimum Partial Withdrawal Amount: \$100

Minimum Accumulation Value that must be maintained in the Policy after a Partial Withdrawal: \$2,000.00

SURRENDER CHARGES :

SURRENDER CHARGE SCHEDULE

POLICY YEAR	PERCENTAGE	POLICY YEAR	PERCENTAGE
1	7%	4	6%
2	7%	5	5%
3	7%	6	0%

ANNUAL SURRENDER CHARGE FREE AMOUNT(S)

Surrender Charges Are Applied as Follows:

If the Premium Payment is less than \$100,000, the amount of the withdrawal that is free of Surrender Charges each Policy Year is the greater of: A) ten percent (10%) of the Accumulation Value at the beginning of the Policy Year (ten percent (10%) of the Premium Payment if the withdrawal is made in the first Policy Year), less any prior Partial Withdrawals made during the Policy Year that were free of Surrender Charges; or B) ten percent (10%) of the current Accumulation Value, less any prior Partial Withdrawals made during the Policy Year that were free of Surrender Charges.

POLICY DATA PAGE

(Page 2 Continued)

If the Premium Payment is \$100,000 or more, the amount of the withdrawal that is free of Surrender Charges each Policy Year is the greatest of: A) ten percent (10%) of the Accumulation Value at the beginning of the Policy Year (ten percent (10%) of the Premium Payment if the withdrawal is made in the first Policy Year), less any prior Partial Withdrawals made during the Policy Year that were free of Surrender Charges; or B) ten percent (10%) of the current Accumulation Value, less any prior Partial Withdrawals made during the Policy Year that were free of Surrender Charges; or C) that portion of the Accumulation Value that exceeds the Premium Payment made to this Policy.

MARKET VALUE ADJUSTMENT (.MVA.)

MVA Index: The U.S. Treasury Constant Maturity Rate (CMT) and Barclays U.S. Corporate Index

The formula that determines the MVA is calculated as follows:

The MVA is equal to A x B where A is the Partial Withdrawal/full surrender subject to a Surrender Charge, and B is the MVA factor below.

MVA Factor

$$B = \left[\frac{(1 + \text{CMT}_i + \text{OAS}_i)}{(1 + \text{CMT}_j + \text{OAS}_j)} \right]^{t/12} - 1$$

CMT_i = CMT for initial Interest Rate Guarantee Period at Policy Date

CMT_j = CMT for remainder of the initial Interest Rate Guarantee Period at Partial Withdrawal/full surrender

OAS_j = Barclays U.S. Corporate Index for Initial Interest Rate Guarantee Period at Policy Date

OAS_i = Barclays U.S. Corporate Index for remainder of the initial Interest Rate Guarantee Period at Partial Withdrawal/full surrender

t = number of months (rounded down to the nearest whole number of months) remaining in the initial Interest Rate Guarantee Period at Partial Withdrawal/full surrender.

CMT rates used in calculating the Market Value Adjustment will be based on the published rates for the appropriate U.S. Treasury Constant Maturity Treasury Series * as of one day prior to the Policy Date (CMT_i) and the Partial Withdrawal/full surrender date (CMT_j). Since CMT rates are currently only available for the following periods: 1 month, 3 months, 6 months, 1 year, 2 years, 3 years, 5 years, 7 years, 10 years, 20 years, and 30 years, linear interpolation will be used to determine applicable CMT rates that do not correspond exactly to the CMT periods published by the U.S. Treasury Department. For periods where a CMT rate is not available, interpolated rates will be calculated based on the rates published for the next longer and next shorter CMT periods.

The Option Adjusted Spread (OAS) rates used in calculating the Market Value Adjustment are based on the appropriate Barclays U.S. Corporate Index * as of one day prior to the Policy Date (OAS_i) and the Partial Withdrawal/full surrender date (OAS_j). OAS_i and OAS_j are matched to the Barclays U.S. Corporate Index that corresponds to the applicable period below (Initial Interest Rate Guarantee Period at Policy Date or the remainder of the Initial Interest Rate Guarantee Period at Partial Withdrawal/full surrender).

Initial Interest Rate Guarantee Period at Policy Date or
Remainder of the Initial Interest Rate Guarantee Period at
Partial Withdrawal/Full Surrender

Less than 3 years

At least 3 years but less than 5 years

At least 5 years but less than 7 years

At least 7 years but less than 8 years

Applicable

Barclays U.S. Corporate Index

U.S. Corporate 1 to 3 year

U.S. Corporate 3 to 5 year

U.S. Corporate 5 to 7 year

U.S. Corporate 7 to 10 year

*The rate used will be the rate published at the end of the day.

If no rate is published on the day

immediately preceding the applicable Policy Date or Partial Withdrawal/full surrender date, the rate used will

be the end-of-day rate published as of the most recent date preceding the applicable Policy Date or Partial

Withdrawal/full surrender date. All rates will be rounded to the nearest two decimal points (for example, a

rate of 1.234% would be rounded to 1.23%).

POLICY DATA PAGE

(Page 2 Continued)

*MVA Limit: The MVA is limited to a maximum adjustment. The limit is determined using the formula displayed below. The result of the formula represents both a positive and negative limit. If the MVA is positive, the limit represents the maximum positive adjustment. If the MVA is negative, the limit represents the maximum negative adjustment.

$$\text{Maximum MVA} = (A) \times \left[1 - \frac{(1 + r)^{n/12}}{(1 + i)^{n/12}} \right]$$

Where:

r = guaranteed minimum interest rate

i = initial interest rate

n = the number of months (rounded down to the nearest whole number of months) that have elapsed since the Policy Date.

A = The amount of the Partial Withdrawal/full surrender subject to a Surrender Charge

*The MVA Limit guarantees that for any withdrawal:

Any MVA, whether positive or negative, will never be greater than the difference between the Premium Payment with interest credited at the Initial Interest Rate, and the Premium Payment with interest credited at the Guaranteed Minimum Interest Rate. Both of these rates are shown on the Policy Data Page.

STATE INSURANCE DEPARTMENT PHONE NUMBER

512-463-6169

ISSUE DATE: APRIL 22, 2015

EXHIBIT B



New York Life Annuity Service Center
P.O. Box 9859
Providence, RI 02940

Winner of the
DALBAR Service Award
From 2000 - 2013



BENEFICIARY INFORMATION FORM

This form is to provide information regarding your beneficiary designations. Please provide any missing information and return this form to New York Life. **If you have more than two (2) primary and/or contingent beneficiaries, please see the reverse side.**

Policy Number: 53 214 058

Owner Name: Mr David L Minchen

Joint Owner: _____

0000217
SP9W

	CURRENT PRIMARY BENEFICIARIES		CURRENT CONTINGENT BENEFICIARIES
Beneficiary 1 Full Name	Fidelity Charitable Gift Fund # 2979	1	
% Share	100.00		
Relationship	Other		
Mailing Address			
Date of Birth			
Social Security Number			
Telephone Number			

Required Signatures. Your signature confirms that all information on this form is correct.

David L. Minchen 5-4-2015
Owner's Signature Date

Joint Owner's Signature

Date

Please submit your completed form to:

Regular Mail:

New York Life Annuity Service Center
P.O. Box 9859
Providence, RI 02940

Overnight/Express Mail:

New York Life
c/o BNY Mellon
4400 Computer Drive
Westboro, MA 01581

Fax:

Attn: NYL Annuity Service Center
(508) 599 - 6109

NEW YORK LIFE ANNUITIES

51 Madison Ave., Room 652 New York, New York 10010

Policy Number: 53214058**CONFIRMATION/SIGNATURE REQUIRED!****Please sign and return this form today.**

This annuity contract was initiated without an application. In order to secure your contract, we need your signature on file. Returning this form promptly will complete your contract records and allow us to verify all future activity on the contract, including beneficiary changes and withdrawals. Therefore, please read the statements below, sign, date the form and return it in the self-addressed, postage paid return envelope.

If we do not receive this form, any future financial transactions under your contract will not be processed unless requested in writing and the signature guaranteed. State laws or regulations require that a beneficiary designation be on a form signed in writing by you. **If this form, in the issuance of an App-Less contract, has not been returned, in the event of the death of the Owner, death proceeds from the policy will be paid to the Owner's estate, not the designated beneficiaries.**

Before mailing this form, please take a few moments to ensure that the information on the Policy Data Page(s) of the Contract and the Policy Summary page properly reflects your purchase information. For your convenience, you may note any changes for your Contract - for example add a beneficiary or correct a social security number below. For additional changes or the selection of additional options, please complete the Annuity Service Request Form in your Service Forms Kit.

Owner Name: Mr David L Minchen		SS# or Tax ID#: [REDACTED] 926	Initial Premium: \$ 350,000.00
Mailing Address: 2700 Bellefontaine St Apt A7			
City: Houston		State: TX	Zip Code: 77025-1671
Joint Owner (if any):	SS#:	Annuitant: Mr David L Minchen Joint Annuitant (if any):	
Primary Beneficiary: Fidelity Charitable Gift Fund		Relationship to Owner: Other	
Primary Beneficiary:		Relationship to Owner:	
Contingent Beneficiary:		Relationship to Owner:	
Contingent Beneficiary:		Relationship to Owner:	

By signing this form, I certify that my Social Security (or Tax Identification) Number is correct or I have shown the correct number above.


 Owner's Signature _____ Date 5-4-2015 _____ Joint Owner's Signature _____ Date _____

Distributed by NYLIFE Distributors, LLC, Member FINRA/SIPC

POLICY RECEIPT

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
(A Delaware Corporation)
51 MADISON AVENUE, NEW YORK, N.Y. 10010

Policy Number 53 214 058

Insured/Annuitant David L Minchen

I hereby acknowledge receipt of the above numbered policy.

Signature of Owner David L. Minchen

Date 5-4-2015

Signature of Agent [Signature]

After signing, please return this receipt to:
New York Life Annuity Service Center
P.O. Box 9859
Providence, RI 02940
1-800-762-6212

EXHIBIT C

New York Life Insurance and Annuity Corporation

Home Office
200 Continental Drive Suite 306
Newark, DE 19713

Executive Office
51 Madison Avenue
New York, NY 10010

POLICY DATA PAGE

Annuitant -- David L Minchen AGE: 75 MALE
Policy Number -- 53 275 308
Policy Date -- JANUARY 26, 2017
Owner -- Mr David L Minchen

Plan -- NON-QUALIFIED

Premium Payment: \$450,000.00
Initial Interest Rate Guarantee Period Ending On: JANUARY 25, 2021
Renewal Interest Rate Guarantee Period: Annually

ANNUITY COMMENCEMENT DATE: JANUARY 26, 2032

Initial Interest Rate: 2.05% (Effective annual yield)
Guaranteed Minimum Interest Rate: 0.05% (Effective annual yield)

Nonforfeiture Rate: 1.00%

Nonforfeiture Value:

The Nonforfeiture Value is equal to 87.50% of the Premium Payment accumulated at the Nonforfeiture Rate since the Policy Date, minus any amounts withdrawn, accumulated at the Nonforfeiture Rate since the date of withdrawal.

Minimum Partial Withdrawal Amount: \$100

Minimum Accumulation Value that must be maintained in the Policy after a Partial Withdrawal: \$2,000.00

SURRENDER CHARGES:

SURRENDER CHARGE SCHEDULE

POLICY YEAR	PERCENTAGE	POLICY YEAR	PERCENTAGE
1	7%	4	6%
2	7%	5	0%
3	7%		

ANNUAL SURRENDER CHARGE FREE AMOUNT(S)

Surrender Charges Are Applied as Follows:

If the Premium Payment is less than \$100,000, the amount of the withdrawal that is free of Surrender Charges each Policy Year is the greater of: A) ten percent (10%) of the Accumulation Value at the beginning of the Policy Year (ten percent (10%) of the Premium Payment if the withdrawal is made in the first Policy Year), less any prior Partial Withdrawals made during the Policy Year that were free of Surrender Charges; or B) ten percent (10%) of the current Accumulation Value, less any prior Partial Withdrawals made during the Policy Year that were free of Surrender Charges.

POLICY DATA PAGE

(Page 2 Continued)

If the Premium Payment is \$100,000 or more, the amount of the withdrawal that is free of Surrender Charges each Policy Year is the greatest of: A) ten percent (10%) of the Accumulation Value at the beginning of the Policy Year (ten percent (10%) of the Premium Payment if the withdrawal is made in the first Policy Year), less any prior Partial Withdrawals made during the Policy Year that were free of Surrender Charges; or B) ten percent (10%) of the current Accumulation Value, less any prior Partial Withdrawals made during the Policy Year that were free of Surrender Charges; or C) that portion of the Accumulation Value that exceeds the Premium Payment made to this Policy.

MARKET VALUE ADJUSTMENT (.MVA.)

MVA Index: The U.S. Treasury Constant Maturity Rate (CMT) and Barclays U.S. Corporate Index

The formula that determines the MVA is calculated as follows:

The MVA is equal to A x B where A is the Partial Withdrawal/full surrender subject to a Surrender Charge, and B is the MVA factor below.

MVA Factor

$$B = \left[\frac{(1 + \text{CMT}_i + \text{OAS}_i)}{(1 + \text{CMT}_j + \text{OAS}_j)} \right]^{t/12} - 1$$

CMT_i = CMT for initial Interest Rate Guarantee Period at Policy Date

CMT_j = CMT for remainder of the initial Interest Rate Guarantee Period at Partial Withdrawal/full surrender

OAS_j = Barclays U.S. Corporate Index for Initial Interest Rate Guarantee Period at Policy Date

OAS_i = Barclays U.S. Corporate Index for remainder of the initial Interest Rate Guarantee Period at Partial Withdrawal/full surrender

t = number of months (rounded down to the nearest whole number of months) remaining in the initial Interest Rate Guarantee Period at Partial Withdrawal/full surrender.

CMT rates used in calculating the Market Value Adjustment will be based on the published rates for the appropriate U.S. Treasury Constant Maturity Treasury Series * as of one day prior to the Policy Date (CMT_i) and the Partial Withdrawal/full surrender date (CMT_j). Since CMT rates are currently only available for the following periods: 1 month, 3 months, 6 months, 1 year, 2 years, 3 years, 5 years, 7 years, 10 years, 20 years, and 30 years, linear interpolation will be used to determine applicable CMT rates that do not correspond exactly to the CMT periods published by the U.S. Treasury Department. For periods where a CMT rate is not available, interpolated rates will be calculated based on the rates published for the next longer and next shorter CMT periods.

The Option Adjusted Spread (OAS) rates used in calculating the Market Value Adjustment are based on the appropriate Barclays U.S. Corporate Index * as of one day prior to the Policy Date (OAS_i) and the Partial Withdrawal/full surrender date (OAS_j). OAS_i and OAS_j are matched to the Barclays U.S. Corporate Index that corresponds to the applicable period below (Initial Interest Rate Guarantee Period at Policy Date or the remainder of the Initial Interest Rate Guarantee Period at Partial Withdrawal/full surrender).

Initial Interest Rate Guarantee Period at Policy Date or
Remainder of the Initial Interest Rate Guarantee Period at
Partial Withdrawal/Full Surrender

Less than 3 years

At least 3 years but less than 5 years

At least 5 years but less than 7 years

At least 7 years but less than 8 years

Applicable

Barclays U.S. Corporate Index

U.S. Corporate 1 to 3 year

U.S. Corporate 3 to 5 year

U.S. Corporate 5 to 7 year

U.S. Corporate 7 to 10 year

*The rate used will be the rate published at the end of the day.

If no rate is published on the day

immediately preceding the applicable Policy Date or Partial Withdrawal/full surrender date, the rate used will

be the end-of-day rate published as of the most recent date preceding the applicable Policy Date or Partial

Withdrawal/full surrender date. All rates will be rounded to the nearest two decimal points (for example, a

rate of 1.234% would be rounded to 1.23%).

POLICY DATA PAGE

(Page 2 Continued)

*MVA Limit: The MVA is limited to a maximum adjustment. The limit is determined using the formula displayed below. The result of the formula represents both a positive and negative limit. If the MVA is positive, the limit represents the maximum positive adjustment. If the MVA is negative, the limit represents the maximum negative adjustment.

$$\text{Maximum MVA} = (A) \times \left[1 - \frac{(1 + r)^{n/12}}{(1 + i)^{n/12}} \right]$$

Where:

r = guaranteed minimum interest rate

i = initial interest rate

n = the number of months (rounded down to the nearest whole number of months) that have elapsed since the Policy Date.

A = The amount of the Partial Withdrawal/full surrender subject to a Surrender Charge

*The MVA Limit guarantees that for any withdrawal:

Any MVA, whether positive or negative, will never be greater than the difference between the Premium Payment with interest credited at the Initial Interest Rate, and the Premium Payment with interest credited at the Guaranteed Minimum Interest Rate. Both of these rates are shown on the Policy Data Page.

STATE INSURANCE DEPARTMENT PHONE NUMBER

800-252-3439

ISSUE DATE: JANUARY 27, 2017

EXHIBIT D



New York Life Annuity Service Center
P.O. Box 9859
Providence, RI 02940

Winner of the
DALBAR Service Award
From 2000 - 2014



BENEFICIARY INFORMATION FORM

This form is to provide information regarding your beneficiary designations. Please provide any missing information and return this form to New York Life. **If you have more than two (2) primary and/or contingent beneficiaries, please see the reverse side.**

Policy Number: 53 275 308

Owner Name: Mr David L Minchen Joint Owner: _____

0000669

SPSW

	CURRENT PRIMARY BENEFICIARIES		CURRENT CONTINGENT BENEFICIARIES
Beneficiary 1 Full Name	Fidelity Charitable Acct [REDACTED] 2979	1	
% Share	100.00		
Relationship	Other		
Mailing Address			
Date of Birth	[REDACTED] 1941		
Social Security Number	[REDACTED] 926		
Telephone Number	713-592-6232		

Required Signatures. Your signature confirms that all information on this form is correct.

David L. Minchen 02-10-2017
Owner's Signature Date Joint Owner's Signature Date

Please submit your completed form to:

Regular Mail:

New York Life Annuity Service Center
P.O. Box 9859
Providence, RI 02940

Overnight/Express Mail:

New York Life
c/o BNY Mellon
4400 Computer Drive
Westboro, MA 01581

Fax:

Attn: NYL Annuity Service Center
(508) 599 - 6109

POLICY RECEIPT

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

(A Delaware Corporation)
51 MADISON AVENUE, NEW YORK, N.Y. 10010

Policy Number 53 275 308

Insured/Annuitant David L Minchen

I hereby acknowledge receipt of the above numbered policy.

Signature of Owner David L. Minchen Date 02-10-2017

Signature of Agent _____

After signing, please return this receipt to:
New York Life Annuity Service Center
P.O. Box 9859
Providence, RI 02940
1-800-762-6212

NEW YORK LIFE ANNUITIES

51 Madison Ave., Room 407 New York, New York 10010

Policy Number: 53275308

Owner Name: Mr David L Minchen		SS# or Tax ID#: [REDACTED] 1926	Initial Premium: \$ 450,000.00
Mailing Address: 2700 Bellefontaine St Apt A7			
City: Houston		State: TX	Zip Code: 77025-1671
Joint Owner (if any): NONE	SS#:	Annuitant Name: Mr David L Minchen Joint Annuitant (if any):	
Primary Beneficiary: Fidelity Charitable Acct		Relationship to Owner: Other	
Primary Beneficiary:		Relationship to Owner:	
Contingent Beneficiary:		Relationship to Owner:	
Contingent Beneficiary:		Relationship to Owner:	

Note: Additional beneficiaries, when present, are housed in our policy records. If you have questions, would like to verify your beneficiaries, please contact the New York Life Annuity Service Center.

TELEPHONE/WEB AUTHORIZATION

By checking the appropriate box below, I wish to elect Transaction Authority for the designated person(s). I give permission to accept Telephone/Web instructions, including both financial and non-financial transactions, to the person(s) designated. Some transactions may not be applicable. Note: If you wish to elect a Trustee or Corporate/Custodial Authorized Signer to elect Transaction Authority, please complete the Telephone/Web Authorization Form.

☒ Individual Owner☒ My Representative on record**Owner Tax Certification:**

The Owner's tax certification provided below does not apply if the Owner is not a U.S. Person (including a U.S. Resident Alien) and has otherwise completed and executed an applicable IRS Form W-8.

Under penalties of perjury, I (as Owner named) certify that:

- (1) My Social Security Number or Tax ID Number shown on this application is my correct taxpayer identification number,
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS/ has notified me that I am no longer subject to backup withholding,
- (3) I am a U.S. person (including a U.S. resident alien), and
- (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

☐ NOTE: Check this box if the statements in item 2 above are not applicable to you and the IRS has notified you that you are subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

David L. Minchen, 02-10-2017
 Owner's Signature and Date Joint Owner's Signature and Date

EXHIBIT E



Ownership/Beneficiary Change Form For New York Life Annuities

If you need assistance, please contact NYL Annuity Service Center at 1-800-762-6212 or your Registered Representative.

Fill in your policy details below and complete the section(s) that applies to the changes you would like to make.

☐ Ownership, Sections 1 and 4

☒ Beneficiary, Sections 2 and 4

☒ Additional Information, Section 3

Policy number(s) 53 214-058	Email Address Fruitdale2000@yahoo.com		
Owner (first, middle initial, last) DAVID L. MINCHEN	Social Security or Tax ID number [REDACTED] 1926	Telephone number (713) 592-6232	
Owner Mailing Address 2700 BELLEFONTAINE, #A-7	City HOUSTON	State TEXAS	Zip Code 77025
Joint Owner, if any (first, middle initial, last)	Social Security or Tax ID number	Telephone number ()	

1. OWNERSHIP CHANGE

An ownership change may have tax implications. If the new owner is a non U.S. citizen, a completed W-8 or W-9 is required. If the new owner is a Resident Alien, please send a copy of Green Card. For more information, contact your tax adviser.

If changing the ownership to a Trust, please provide a copy of Trust Agreement, including the title page, signature page, and any applicable trustee designation pages and amendments to the Trust. A completed W-8 or W-9 is required.

If changing ownership to a Corporation, please provide a copy of the Corporate Resolution. For Corporations or Entities within the United States, a completed W-9 form is required. For those outside the domicile of the United States, tax certification is required. Please refer to the Internal Revenue Service website at www.irs.gov for the appropriate W-8 tax form.

Note: For annuity products, a change of ownership may create a taxable event. A transfer of ownership to a "non-individual" such as a corporation, partnership or trust may result in a loss of tax deferred status.

The existing Beneficiary(ies) Designation on the Company's records will continue as is unless a new Beneficiary(ies) Designation is requested by the New Owner(s).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OWNERSHIP CHANGE

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you change policy ownership, we will ask for the new owner's name, address, date of birth, and other information that will allow us to identify the new owner. We may also ask to see the new owner's driver's license or other identifying documents.

New Owner				
Name		First	Middle	Last
Relationship to Annuitant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Social Security or Tax ID number		Date of Birth (mm/dd/yyyy) <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		If you check "Other" under Country of Citizenship, are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number ()
If mailing address is different than residential address or a P.O. Box, please provide residential address.				
Mailing Address		Street or P.O. Box	City	State Zip Code
Residential Address		Street (P.O. Box not acceptable)	City	State Zip Code
New Joint Owner				
Name		First	Middle	Last
Relationship to Owner <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Social Security or Tax ID number		Date of Birth (mm/dd/yyyy) <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		If you check "Other" under Country of Citizenship, are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number ()
If mailing address is different than residential address or a P.O. Box, please provide residential address.				
Mailing Address		Street or P.O. Box	City	State Zip Code
Residential Address		Street (P.O. Box not acceptable)	City	State Zip Code

The current Owner(s) and the New Owner(s) must sign and complete Section 4.

Issued by New York Life Insurance and Annuity Corporation (A Delaware Corporation).
Distributed by NYLIFE Distributors LLC (member FINRA/SIPC), an indirect, wholly owned subsidiary of New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010.

2. BENEFICIARY CHANGE

The beneficiaries named here will replace all previous beneficiaries for the requested class. A percentage for each named individual is required. New York Life will pay equal percentages to the named beneficiaries if no percentage is provided. If naming a Trust as the beneficiary, please provide those pages of the Trust that show the name of the Trust, the Trust date, and the name(s) and the signature of the Trustees. Percentages must total 100%.

<input type="checkbox"/> Surviving Owner or Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only) (if you select this option, complete below only for Contingent Beneficiaries)			
<input checked="" type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY Full Name/Entity Name CAROLE BETH SHINE	Social Security or Tax ID Number [REDACTED] 2334 Telephone 1-972-989-3010	Relationship to Owner SISTER Date of Birth (mm/dd/yyyy) [REDACTED] 1942	Percentage 25 %
Address: 6505 CHARLES TRAIL Street McKinney City TEXAS State 75070 Zip Code			
<input checked="" type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY Full Name/Entity Name FIDELITY INVESTMENTS CHARITABLE ACCOUNT	Social Security or Tax ID Number [REDACTED] Telephone [REDACTED]	Relationship to Owner [REDACTED] Date of Birth (mm/dd/yyyy) [REDACTED]	Percentage 75 %
Address: _____ Street _____ City _____ State _____ Zip Code _____			
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY Full Name/Entity Name	Social Security or Tax ID Number Telephone	Relationship to Owner Date of Birth (mm/dd/yyyy)	Percentage %
Address: _____ Street _____ City _____ State _____ Zip Code _____			
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY Full Name/Entity Name	Social Security or Tax ID Number Telephone	Relationship to Owner Date of Birth (mm/dd/yyyy)	Percentage %
Address: _____ Street _____ City _____ State _____ Zip Code _____			



Please also complete Section 4.

3. ADDITIONAL INFORMATION

POLICY NUMBER 53 214 058

4. REQUIRED SIGNATURES

Your signature confirms that all information on this form is correct. You are aware an ownership change may have tax implications. Please consult with your tax adviser.

 David L. Minchen 2-2-2018 
 Owner's Signature Date Joint Owner's Signature Date

Under penalties of perjury, I certify that: (1) My Social Security Number or Tax ID Number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

☐ **NOTE:** Check this box if the IRS has notified you that you are subject to backup withholding.

If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim treaty benefits.

IMPORTANT: The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.

 _____ 
 New Owner's Signature Date New Joint Owner's Signature Date

Submit your completed form to:

Regular Mail:

NYL Annuity Service Center
PO Box 9859
Providence, RI 02940

Overnight/Express Mail:

New York Life
c/o BNY Mellon
4400 Computer Drive
Westborough, MA 01581

Fax:

Attn: NYL Annuity Service Center
(508) 599-6109

EXHIBIT F



Ownership/Beneficiary Change Form For New York Life Annuities

If you need assistance, please contact NYL Annuity Service Center at 1-800-762-6212 or your Registered Representative.

Fill in your policy details below and complete the section(s) that applies to the changes you would like to make.

☐ Ownership, Sections 1 and 4

☒ Beneficiary, Sections 2 and 4

☒ Additional Information, Section 3

Policy number(s) 53 275 308		Email Address Fruitdale2000@yahoo.com	
Owner (first, middle initial, last) DAVID L. MINCHEN		Social Security or Tax ID number [REDACTED] 1926	Telephone number (713) 592-6232
Owner Mailing Address 2100 BELLEFONTAINE, #A-7		City HOUSTON	State TEXAS Zip Code 77025
Joint Owner, if any (first, middle initial, last)		Social Security or Tax ID number	Telephone number ()

1. OWNERSHIP CHANGE

An ownership change may have tax implications. If the new owner is a non U.S. citizen, a completed W-8 or W-9 is required. If the new owner is a Resident Alien, please send a copy of Green Card. For more information, contact your tax adviser.

If changing the ownership to a Trust, please provide a copy of Trust Agreement, including the title page, signature page, and any applicable trustee designation pages and amendments to the Trust. A completed W-8 or W-9 is required.

If changing ownership to a Corporation, please provide a copy of the Corporate Resolution. For Corporations or Entities within the United States, a completed W-9 form is required. For those outside the domicile of the United States, tax certification is required. Please refer to the Internal Revenue Service website at www.irs.gov for the appropriate W-8 tax form.

Note: For annuity products, a change of ownership may create a taxable event. A transfer of ownership to a "non-individual" such as a corporation, partnership or trust may result in a loss of tax deferred status.

The existing Beneficiary(ies) Designation on the Company's records will continue as is unless a new Beneficiary(ies) Designation is requested by the New Owner(s).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OWNERSHIP CHANGE

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you change policy ownership, we will ask for the new owner's name, address, date of birth, and other information that will allow us to identify the new owner. We may also ask to see the new owner's driver's license or other identifying documents.

New Owner				
Name		First	Middle	Last
Relationship to Annuitant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Social Security or Tax ID number		Date of Birth (mm/dd/yyyy) <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		If you check "Other" under Country of Citizenship, are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number ()
If mailing address is different than residential address or a P.O. Box, please provide residential address.				
Mailing Address		Street or P.O. Box	City	State Zip Code
Residential Address		Street (P.O. Box not acceptable)	City	State Zip Code
New Joint Owner				
Name		First	Middle	Last
Relationship to Owner <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Social Security or Tax ID number		Date of Birth (mm/dd/yyyy) <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		If you check "Other" under Country of Citizenship, are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number ()
If mailing address is different than residential address or a P.O. Box, please provide residential address.				
Mailing Address		Street or P.O. Box	City	State Zip Code
Residential Address		Street (P.O. Box not acceptable)	City	State Zip Code

The current Owner(s) and the New Owner(s) must sign and complete Section 4.

Issued by New York Life Insurance and Annuity Corporation (A Delaware Corporation).
Distributed by NYLIFE Distributors LLC (member FINRA/SIPC), an indirect, wholly owned subsidiary of New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010.

2. BENEFICIARY CHANGE

The beneficiaries named here will replace all previous beneficiaries for the requested class. A percentage for each named individual is required. New York Life will pay equal percentages to the named beneficiaries if no percentage is provided. If naming a Trust as the beneficiary, please provide those pages of the Trust that show the name of the Trust, the Trust date, and the name(s) and the signature of the Trustees. **Percentages must total 100%.**

<input type="checkbox"/> Surviving Owner or Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only) (if you select this option, complete below only for Contingent Beneficiaries)			
<input checked="" type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY Full Name/Entity Name FIDELITY INVESTMENTS CHARITABLE ACCOUNT	Social Security or Tax ID Number	Relationship to Owner	Percentage 100 %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address: _____ Street _____ City _____ State _____ Zip Code _____			
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY Full Name/Entity Name	Social Security or Tax ID Number	Relationship to Owner	Percentage %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address: _____ Street _____ City _____ State _____ Zip Code _____			
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY Full Name/Entity Name	Social Security or Tax ID Number	Relationship to Owner	Percentage %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address: _____ Street _____ City _____ State _____ Zip Code _____			
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY Full Name/Entity Name	Social Security or Tax ID Number	Relationship to Owner	Percentage %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address: _____ Street _____ City _____ State _____ Zip Code _____			


Please also complete Section 4.

3. ADDITIONAL INFORMATION

POLICY NUMBER 53 275 308

4. REQUIRED SIGNATURES

Your signature confirms that all information on this form is correct. You are aware an ownership change may have tax implications. Please consult with your tax adviser.



 Owner's Signature _____ Date 2-2-2018




 Joint Owner's Signature _____ Date _____

Under penalties of perjury, I certify that: (1) My Social Security Number or Tax ID Number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.


☐ **NOTE:** Check this box if the IRS has notified you that you are subject to backup withholding.

If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim treaty benefits.

IMPORTANT: The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.



 New Owner's Signature _____ Date _____



 New Joint Owner's Signature _____ Date _____

Submit your completed form to:

Regular Mail:
 NYL Annuity Service Center
 PO Box 9859
 Providence, RI 02940

Overnight/Express Mail:
 New York Life
 c/o BNY Mellon
 4400 Computer Drive
 Westborough, MA 01581

Fax:
 Attn: NYL Annuity Service Center
 (508) 599-6109

EXHIBIT G

Jul/22/2019 12 58 36 PM

Wells Fargo 7136621141

1/3



Ownership/Beneficiary Change Form For New York Life Annuities

Online: www.newyorklifeannuities.com **Phone:** (800) 762-6212 **Fax:** (508) 599-6109 Attn: NYL Annuities

Fill in your policy details below and complete the section(s) that applies to the changes you would like to make.

☐ Ownership, Sections 1 and 4 ☒ Beneficiary, Sections 2 and 4 ☐ Additional Information, Section 3

Policy number(s) 53214058, 53275308		Email Address	
Owner (first, middle initial, last) DAVID L MINCHEN		Social Security or Tax ID number [REDACTED] 1925	Telephone number (713) 592 6232
Owner Mailing Address 2700 BELLEFONTAINE ST #A7		City HOUSTON	State TX Zip Code 77025-1671
Joint Owner, if any (first, middle initial, last) NIA		Social Security or Tax ID number	Telephone number ()

1. OWNERSHIP CHANGE

An ownership change may have tax implications. If the new owner is a non U.S. citizen, a completed W-8 or W-9 is required. If the new owner is a Resident Alien, please send a copy of Green Card. For more information, contact your tax adviser.

If changing the ownership to a Trust, please provide a copy of Trust Agreement, including the title page, signature page, and any applicable trustee designation pages and amendments to the Trust. A completed W-8 or W-9 is required.

If changing ownership to a Corporation, please provide a copy of the Corporate Resolution. For Corporations or Entities within the United States, a completed W-9 form is required. For those outside the domicile of the United States, tax certification is required. Please refer to the Internal Revenue Service website at www.irs.gov for the appropriate W-8 tax form.

Note: For annuity products, a change of ownership may create a taxable event. A transfer of ownership to a "non-individual" such as a corporation, partnership or trust may result in a loss of tax deferred status.

The existing Beneficiary(ies) Designation on the Company's records will continue as is unless a new Beneficiary(ies) Designation is requested by the New Owner(s). To request a new Beneficiary(ies) Designation, please see Section 2.

An ownership change terminates all scheduled activities. In order to set up new scheduled activities, please fill out the appropriate form(s).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OWNERSHIP CHANGE

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you change policy ownership, we will ask for the new owner's name, address, date of birth, and other information that will allow us to identify the new owner. We may also ask to see the new owner's driver's license or other identifying documents.

New Owner				
Name		First Middle Last		
Relationship to Annuitant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Social Security or Tax ID number	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		If you check "Other" under Country of Citizenship, are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number ()
If mailing address is different than residential address or a P.O. Box, please provide residential address.				
Mailing Address		Street or P.O. Box	City	State Zip Code
Residential Address		Street (P.O. Box not acceptable)	City	State Zip Code
New Joint Owner				
Name		First Middle Last		
Relationship to Owner <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Social Security or Tax ID number	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		If you check "Other" under Country of Citizenship, are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number ()
If mailing address is different than residential address or a P.O. Box, please provide residential address.				
Mailing Address		Street or P.O. Box	City	State Zip Code
Residential Address		Street (P.O. Box not acceptable)	City	State Zip Code

The current Owner(s) and the New Owner(s) must sign and complete Section 4.

ANN23099 (09/2017) Annuities are issued by New York Life Insurance and Annuity Corporation ("NYLIAC"), a Delaware Corporation. NYLIAC is a wholly owned subsidiary of New York Life Insurance Company. Variable Annuities offered through properly licensed registered representatives of a third party registered broker dealer.

1 of 3

Jul/22/2019 12 58 36 PM

Wells Fargo 7136621141

2/3

2. BENEFICIARY CHANGE

The beneficiaries named here will replace all previous beneficiaries for the requested class. A percentage for each named individual is required. New York Life will pay equal percentages to the named beneficiaries if no percentage is provided. If naming a Trust as the beneficiary, please provide those pages of the Trust that show the name of the Trust, the Trust date, and the name(s) and the signature of the Trustees. Percentages must total 100%.

<input type="checkbox"/> Surviving Owner or Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only) (If you select this option, complete below only for Contingent Beneficiaries)			
<input checked="" type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY	Social Security or Tax ID Number	Relationship to Owner	Percentage
Full Name/Entity Name SERVANT GROUP INT	██████████ 4533		20 %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address:		City	State
Street		City	State
Zip Code			
<input checked="" type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY	Social Security or Tax ID Number	Relationship to Owner	Percentage
Full Name/Entity Name COMMISSION TO EVERY NATION	██████████ 0294		20 %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address:		City	State
Street		City	State
Zip Code			
<input checked="" type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY	Social Security or Tax ID Number	Relationship to Owner	Percentage
Full Name/Entity Name PERSECUTION PROJECT FOUNDATION	██████████ 6312		20 %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address:		City	State
Street		City	State
Zip Code			
<input checked="" type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT BENEFICIARY	Social Security or Tax ID Number	Relationship to Owner	Percentage
Full Name/Entity Name INTERNATIONAL MESSENGERS	██████████ 2782		20 %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address:		City	State
Street		City	State
Zip Code			

Please also complete Section 4.

3. ADDITIONAL INFORMATION

ADDITIONAL

PRIMARY BENEFICIARY CHANGE:

INTERNATIONAL CHRISTIAN CONCERN

TAX # ██████████ 2990

20 %


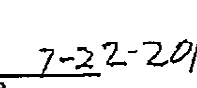

Jul/22/2019 12 58 36 PM

Wells Fargo 7136621141

3/3

4. REQUIRED SIGNATURES

Your signature confirms that all information on this form is correct. You are aware an ownership change may have tax implications. Please consult with your tax adviser.

Owner's Signature Date Joint Owner's Signature Date

Owner Tax Certification:

Under penalties of perjury, I certify that: (1) My Social Security Number or Tax ID Number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. person (including a U.S. resident alien), and (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

☐ **NOTE:** Check this box if the IRS has notified you that you are subject to backup withholding.

If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim treaty benefits.

The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.




New Owner's Signature Date New Joint Owner's Signature Date

Submit your completed form to:

Regular Mail:
 NYL Annuity Service Center
 PO Box 9859
 Providence, RI 02940

Overnight/Express Mail:
 New York Life
 c/o BNY Mellon
 4400 Computer Drive
 Westborough, MA 01581

EXHIBIT H

Persecution Project
Foundation

540 829-5353

540.829-5357 (FAX)

Email: info@persecutionproject.org

facsimile transmittal

NEW YORK LIFE
To: ANNUITY SERVICE CENTER Fax: 508-599-6109
From: HAGAZI KEBEDE Phone: 540-829-5353
Re: Policy # 53-275-308 Date: 11/9/2020
CC: None Pages: 9

☐ Urgent

☒ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle



Good morning.

Please find attached

1. A signed claims form
2. W-9

3. A 9/24/20 Persecution Project
Foundation Board Meeting
Mentioning that Hagazi
Kebede is authorized to
receive funds from D. Minck
estate

Hagazi



New York Life Annuities Death Benefit Form

THE DEATH CERTIFICATE IS REQUIRED FOR PROCESSING AND WILL NOT BE RETURNED.

1. Policy Numbers: Please list all policy numbers for your claim. If you wish to elect a different option for each policy, please fill out a separate claim form for each policy.

53 275 308

2. Decedent Information: Please tell us about the deceased.

Name of Deceased (First, Middle, Last) DAVID L MINCHEN		Nickname or Maiden Name	
Deceased's Date of Birth	Deceased's Place of Birth (State, Country)		
Deceased's Date of Death	State of Residence at Time of Death	Deceased's Social Security Number	
Cause of Death <input type="radio"/> Natural <input type="radio"/> Homicide <input type="radio"/> Pending/Unknown <input type="radio"/> Accident <input type="radio"/> Other			

3. Beneficiary Information: Please tell us about yourself.

Name (First, Middle, Last) or Entity Name PERSECUTION PROJECT FOUNDATION		Sex: <input type="radio"/> Male <input type="radio"/> Female	Nickname or Maiden Name	
Date of Birth	Social Security/ Tax I.D Number 6312	Daytime Phone Number 540-829-5353	Email Address hagazi@persecutionproject.org	
Residential Address 215 N WEST ST		City Culpeper	State VA	Zip Code 22701
Mailing Address (if different than above)		City	State	Zip Code

Check one:

☒ I am a US Citizen or Resident Alien ☐ I am a Non-Resident Alien or a Foreign Entity*

Check one:

Beneficiary's Relationship to the Deceased

☐ Spouse ☐ Child ☐ Grandchild ☐ Parent

☒ Other: **501(c)3 organization**

Check one:

In what capacity are you making this claim?

☐ **Individual Beneficiary:** A person claiming on their own behalf. Please note that if you request benefits to be paid to a funeral home, a copy of the assignment and itemized statement is required. If the policy is an IRA, please read the Important Information section regarding IRA (Individual Retirement Accounts) Plan Types.

☐ **Minors:** Payments on behalf of a minor must be made to an authorized representative of the minor, such as (i) a Custodian under the Uniform Transfers/Gifts to Minors Act, or (ii) a court designated Guardian of the "Person and Estate" or "Estate" of the minor. If the policy is an IRA, please read the Important Information section regarding IRA (Individual Retirement Accounts) Plan Types.

☒ **Corporation:** A copy of the corporate resolution is required. A completed W-9 form for the Corporation is required.

☐ **Estate:** A copy of the certified appointment papers is required. A completed W-9 form for the Estate is required.

☐ **Trust/Trustee:** Copy of Trust or amendments are required. A completed W-9 form for the Trust is required.

☐ **Collateral Assignee:** A copy of the assignee's statement of interest must be provided. A completed W-9 form for the Assignee is required.

* If you are a non U.S. citizen or resident, a completed W-8BEN form is required. For a foreign entity, please use W-8BEN-E. If you are a resident Alien, please send a copy of your green card. For U.S. citizens living abroad, W-9 form is required. Please refer to the Internal Revenue Service website at www.irs.gov for the appropriate tax form.

4. Choose Your Claim Option

Please choose a claim option and complete the additional sections noted under that option. Certain options may not be available to you depending on the type of annuity, your relationship to the decedent, when you make your claim or if the beneficiary is a non living entity.

A. ☒ Lump Sum Payment - Some restrictions may apply. Please distribute the death benefit to me in one lump sum payment. (This is the only option available for Estate and Testamentary Trust beneficiaries).

B. ☐ Spousal Continuance - not available on Tax Sheltered Annuities - I am the surviving spouse and sole primary beneficiary of the policy(ies). I wish to continue the policy(ies) and defer taxes. I understand that by electing this option no death benefit will be paid and the policy will continue in my name in accordance with the terms of the original policy(ies) referenced above. Must complete section 7 or the new beneficiary will become the Estate.

By checking the following option(s), I wish to continue the scheduled activity(ies) on the policy(ies) that I am continuing. Must complete sections 5 and 6. I understand that if there is an existing scheduled activity and it is not marked, it will automatically be discontinued.

- ☐ Periodic Partial Withdrawal Arrangement/Required Minimum Distribution
- ☐ Automatic Asset Reallocation (Variable Accounts Only)
- ☐ Dollar Cost Averaging (Variable Accounts Only)
- ☐ Interest Sweep (Variable Accounts Only)

C. ☐ Continuance of Payments - I understand that the deceased was receiving income payments. I wish to continue the scheduled payments on the policy. Must complete sections 5 and 6. DO NOT complete section 7 if you chose this option. Beneficiaries are not applicable.

D. ☐ Settlement Account Options are only available within a year of the Decedent's Date of Death. Not available on immediate income or annuitized policies. Minimum of \$5,000. Amounts elected below must equal one year of payments. For detailed information regarding the settlement options, please refer to the Settlement Account Options section on page 5. Entities must provide trustee/annuitant information in section 8 including Social Security Number, date of birth, address, and telephone number. Must complete sections 5 and 6.

Note For Elected Period, Guaranteed Period and Guaranteed Total Amount Options for Traditional and Roth Qualified Plan Types: The available death benefit payout options differ depending on whether you are an eligible or non-eligible designated beneficiary (determined as of the date of the owner's death). Eligible designated beneficiaries are spouses, children under the age of majority, disabled or chronically ill individuals, as determined by the IRC, (including certain trusts for the disabled or chronically ill), or individuals who are not more than 10 years younger than the owner. All other individual beneficiaries are considered non-eligible and all proceeds must be distributed by the end of the 10th year following the year of the IRA owner's death regardless of whether the policy has guaranteed remaining payments in excess of 10 years. This may result in receiving, in one sum, the remaining guaranteed payments in excess of 10 years.

Note For Inherited IRA and Inherited Roth IRA Plan Types: After the death of the Inherited IRA or Inherited Roth IRA owner, beneficiaries may be limited to a distribution period that does not exceed 10 years from the end of the year following the year of death of the Inherited IRA or Inherited Roth IRA owner.

Check one:

☐ Income for an Elected Period*

Choose the number of years that you want to receive payments (2 to 30 Years): _____

☐ Income of an Elected Amount*

Choose your minimum periodic payment: \$ _____

☐ Life Income: Guaranteed Period**

Choose your guaranteed period (5, 10, 15, or 20 years): _____

☐ Life Income: Guaranteed Total Amount**

*Not Available for Beneficiaries that are residents of New York on the Secure Term Fixed Annuity II/III

** Not Available for Non-Living Entities (Trusts, Corporations, etc.)

Payment Start Date:

____/____/____
(Month) (Day) (Year)

Must be within a year of the decedent's Date of Death. If a date is not selected or if the date has passed, we will default to one month from the issue date of your settlement account. You may not select the 29th, 30th or 31st of any month. If any of these dates are selected, we will default to the 28th.

Payment Frequency: If not checked, payments will be made Monthly.

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

- E. ☐ **Internal Exchanges** - Transfer of proceeds to a New York Life policy. Must be accompanied by a New York Life annuity application. (If you wish to open a new annuity with New York Life, please contact a licensed broker or agent).
- F. ☐ **Inherited IRA or Beneficiary 1035 Exchange** - Transfer of proceeds to another carrier. **MUST PROVIDE TRANSFER OR 1035 EXCHANGE PAPERWORK SIGNED BY THE RECEIVING COMPANY.** Must be within one year of the date of death due to RMD's (if applicable) and distributions. Beneficiary 1035 Exchanges are not allowed on Immediate Annuities.
- G. ☐ **Other** - Complete section 8 or provide a letter of instruction.

5. Income Tax Certification Section

If a withholding election is not selected, we are required by Federal law to withhold 10% of any taxable gain that may result from this transaction. (Some Products/States may vary). Mandatory 20% Federal Income tax must be withheld for all tax-sheltered annuity payments - does not apply to nonspouse beneficiaries.

If your state requires withholding, we will withhold the state's minimum amount if you do not make an election, or if you select an amount that is less than the minimum. See the important State Tax Withholding information on page 5 for more information.

Please check your State Tax Authorities Website for information on state specific forms.

- ☒ **I DO NOT** want to have Federal Taxes withheld (20% Federal Income Tax for all Tax Sheltered Annuity Payments - does not apply to nonspouse beneficiaries).
- ☐ **I DO** want to have ____ % Federal Income Tax Withheld. (Use whole percentages).
- ☒ **I DO NOT** want to have State Income Tax Withheld. **[MI residents must provide a MI W-4P to opt out of State Tax].**
- ☐ **I DO** want to have ____ % State Income Tax Withheld.

6. Where To Send Your Payment(s): Not applicable for Transfers or 1035 Exchanges.

If you do not choose a payment method, a check will be mailed to the mailing address specified in Section 3.

Payment Method:

- ☒ Beneficiary Mailing Address in section 3 ☐ Brokerage Account ☐ Other, please explain: _____
- ☐ Checking Account (**ATTACH A VOIDED CHECK**)* ☐ Savings Account

Name of Financial Institution: _____

Address: _____

Address: _____

Routing Number: _____

Account Number: _____

Account Holder's Name(s): _____

If payments are to be deposited into a brokerage account, please complete "For Further Credit To" below in addition to the above information.

For Further Credit To: _____

***If a voided check is not attached, distribution is subject to mail check**

Trusts/Estates: Voided Check must be in the Trust/Estate Name

New York Life cannot direct deposit funds into a third party account or out of the U.S.

7. Beneficiary Designation: Required only for Spousal Continuances (option B) and Settlement Accounts (option D) in section 4. Percentages must total 100% or may default to the Estate. Use section 8 for additional Beneficiaries.

Primary Full Name (First, Middle Initial, Last)	Social Security or Tax ID Number	Date of Birth (mm/dd/yyyy)	Percentage %
Address: Street City State Zip Code			
Telephone	Relationship to Owner	Email Address	
<input type="radio"/> Primary or <input type="radio"/> Contingent Full Name (First, Middle Initial, Last)	Social Security or Tax ID Number	Date of Birth (mm/dd/yyyy)	Percentage %
Address: Street City State Zip Code			
Telephone	Relationship to Owner	Email Address	
<input type="radio"/> Primary or <input type="radio"/> Contingent Full Name (First, Middle Initial, Last)	Social Security or Tax ID Number	Date of Birth (mm/dd/yyyy)	Percentage %
Address: Street City State Zip Code			
Telephone	Relationship to Owner	Email Address	

8. Additional Information: If you need additional space, please attach a signed and dated letter of instruction to your Claim.

9. Your Signature:

Your signature confirms that all information on this form is correct.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Please refer to the enclosed page entitled STATE VARIATIONS OF FRAUD WARNINGS for specific notices required in certain jurisdictions.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

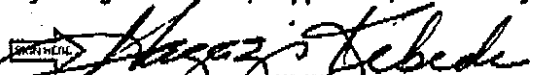
Under penalties of perjury, I certify that: (1) My Social Security Number or Tax ID Number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. person (includes a U.S. resident alien), and (4) The Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Please note: If being submitted for a U.S. policy, this last certification (4) does not apply).

☐ Check this box if the IRS has notified you that you are subject to backup withholding.

If I am a U.S. entity, I am submitting a completed IRS Form W-9.

If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable IRS Form W-8 with this form to certify my foreign status and, if applicable, claim treaty benefits.

Signature



Date signed

4/9/2020

Print Name

HAGAZI KEBEDE

Signature



Date signed

Print Name

Return this form, along with a copy of the death certificate, and other applicable claim requirements to:

Regular Address:

New York Life Annuity Service Center
PO Box 9859
Providence, RI 02940

Overnight Address:

New York Life Annuity Service Center
C/O BNY Mellon
4400 Computer Drive
Westborough, MA 01581

Service Center Phone Number: 1-877-926-7147

Fax Number: 1-508-599-6109

Your Settlement Account Options:

If you request a Settlement Account, payments must begin within a year of the decedent's Date of Death. If you are filing your claim more than a year after the Date of Death, your remaining options will be a Lump Sum Distribution or Spousal Continuation (if applicable).

Income for an Elected Period - For Individuals and Non-Living Entities:

- You may choose a certain period of years in which to receive payments (between 2-30 years; non-living entities are limited to a maximum of five years). The elected period cannot exceed your life expectancy. At the end of the elected period, 100% of the death benefit will have been distributed.
- Interest accrues on the remaining balance in the account. The interest rate is declared annually by New York Life, in January of each year, and may change the amount of your periodic payment.
- Other than the periodic payments, you cannot request a partial withdrawal from this account, but you may choose to withdraw the entire amount remaining at any time.
- If you should die before the elected period ends, your beneficiary(ies) will receive a lump sum distribution of the remaining value.
- For Traditional and Roth Qualified Plan Types: The available death benefit payout options differ depending on whether you are an eligible or non-eligible designated beneficiary (determined as of the date of the owner's death). Eligible designated beneficiaries are spouses, children under the age of majority, disabled or chronically ill individuals, as determined by the IRC, (including certain trusts for the disabled or chronically ill), or individuals who are not more than 10 years younger than the owner. All other individual beneficiaries are considered non-eligible and all proceeds must be distributed by the end of the 10th year following the year of death regardless of whether the policy has guaranteed remaining payments in excess of 10 years. This may result in receiving, in one sum, the remaining guaranteed payments in excess of 10 years.

Note For Inherited IRA and Inherited Roth IRA Plan Types: After the death of the Inherited IRA or Inherited Roth IRA owner, beneficiaries may be limited to a distribution period that does not exceed 10 years from the end of the year following the year of death of the Inherited IRA or Inherited Roth IRA owner.

Income of an Elected Amount - For Individuals and Non-Living Entities:

- You may choose a minimum periodic amount to be paid (i.e. \$500 per month) until all of the death benefit proceeds have been distributed. Excess interest is added to this minimum periodic payment, so that your total periodic payment will be equal to the minimum periodic payment plus an amount of excess interest.

Form W-9
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Persecution Project Foundation

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.). See instructions.
215 N West St

6 City, state, and ZIP code
Culpeper, VA 22701

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

OR

Employer identification number

						6	3	1	2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Hagazi Teked* Date ▶ *11/9/2020*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Persecution Project

F O U N D A T I O N

P.O. Box 1327 • Culpeper, Virginia 22701-6327
888-201-5245 540-829-5353 Fax 540-829-5357
info@persecutionproject.org • www.persecutionproject.org

PPF Board Meeting Agenda

September 24th, 2020

11:30 am Eastern

Attending: Rob Smith, Matt Chancey, Brad Phillips, Hagazi Kebede, Marc Fulmer, Larry Warren, Ski Chilton, Charlie Smith, Stu Epperson

Absent: Brendan Sanger, Andy Lee, Brian Lants

Opening Prayer—Charlie Smith. Larry Warren read Proverbs 2:6.

I. Approval of Previous Minutes

A motion was made by Brad Phillips to approve the minutes from the February 27th, 2020, Board Meeting. Seconded by Rob Smith and unanimously carried.

II. Audit Committee Report

Hagazi Kebede presented the 2019 PPF Audit report. Again, the audit was unqualified and the Audit Committee also renewed the auditor contract for three additional years.

III. Financial Report update & Form 990 updates

Hagazi Kebede presented a financial update to the Board, which included an updated use of resource chart for 2019 showing 90 percent of all revenues being allocated to program services with 5 percent spent on administration and 5 percent on fundraising.

Hagazi also reported the encouraging news that despite Covid-related challenges, PPF fundraising efforts have generated 11.59 percent more revenue year-to-date over 2019 numbers.

PPF's cash donations for 2020 to date is 11.15 percent higher than the budget targets.

*PPF is a non-profit ministry registered under IRS Section 501(c)(3).
Corporate and individual gifts are welcome in any amount. Your gift is tax-deductible.*



IV. Field Update

Brad Phillips reported the sad news of the death of Mike Valerio, one of PPF's first donors.

Brad also reported on an encouraging visit in the early part of 2020 with the Martinez family in California. This family pledged \$50,000 to help with the next phase of the Maternity Ward project and PPF used this as the seed to raise another \$80k+. The Martinez family also introduced us to a foundation which has pledged to donate a container of medical equipment.

Despite Covid-related delays, PPF has received necessary waivers to continue working and completing our ministry goals of 2020. There has been a lot of "fake news" on political developments in Sudan recently. Brad has written a paper which is in the final stages of formatting and editing which provides a more accurate situation report. He will make this report available to the board when it's complete.

V. Other Business

A motion was made by Brad Phillips to include within the minutes the Board's authorization of CO&FO Hagazi Kebedi to act on behalf of Persecution Project in all communications with the Lincoln Financial Group with reference to the DAVID L MINCHEN policy held by the organization. Motion was seconded by Rob Smith and unanimously carried.

Closing Prayer— Marc Fulmer

Matt Chancey, Acting Secretary

EXHIBIT I



Commission TO EVERY NATION

RICHARD MALM
President

TO: New York Life
FROM: Richard Malm
On behalf of Commission To Every Nation
RE: Policy # 53 275 308
DATE: 16 November 20202

CTEN USA
P.O. Box 291307
Kerrville, TX 78029-1307
(830) 896-8326
www.cten.org

In the attached letter you notify us of the death of D Minchen and that we were listed as a beneficiary of the above referenced policy. To make a claim on the death benefits you say to send you a copy of the death certificate and complete the enclosed Individual Claim Form. However, we have a couple of problems.

CTEN CANADA
P.O. Box 22017
11500 Tecumseh Road East
Windsor, ON N8N 5G6

1. An Individual Claim Form was not enclosed with the letter.
2. We do not have, nor do we have access to a death certificate.

We were unaware of being a beneficiary of this policy and we do not know who D Minchen is. Obviously, however, he was interested in the world-wide relief and ministry work we do and wanted to donate to this work through this policy. Certainly, it is your desire to honor that request but to make that possible we need your assistance.

We can try to obtain a death certificate if you provide us more information, such as full name, last known address, date of death, funeral home that conducted the services and whatever other helpful information you have. Perhaps letting us know how you became aware of his death (if you were not sent a death certificate) can also help us in locating one.

Obviously it is your desire to honor this last request of your client and his gift to the ministry of Commission To Every Nation will be great help to many people so we appreciate all the help you can give us in settling this claim.

Thank you.
Sincerely;

Richard Malm



New York Life Annuity Service Center
P.O. Box 9859
Providence, RI 02940

Winner of the
DALBAR Service Award
From 2000 - 2014



October 30, 2020

COMMISSION TO EVERY NATION
PO BOX 291307
KERRVILLE, TX 78029-1307

Policy No: 53 275 308
Deceased: D Minchen

SPAL

Dear Commission To Every Nation :

Please accept our condolences on your recent loss. We understand this may be a difficult time for you, but want to ensure you're well informed about your finances. As a beneficiary of the above referenced policy, you are entitled to make a claim for the death benefit proceeds. As of the date of this letter, we have not received the below requirements to complete the claim.

Please send us the following information:

- An original death certificate for the deceased
- An Individual Claim Form

If you **do not** wish to make a claim at this time, please provide us with the following:

- An acknowledgement in writing stating that you are aware of the existence of the policy death benefit and do not wish to make a claim at this time

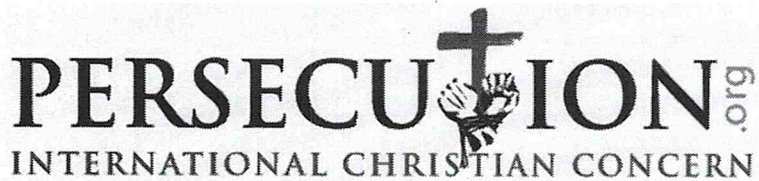
Enclosed are an Individual Claim Form and a business reply envelope for your convenience. Please note that original documents needed to process your claim, such as the certified death certificate, will be retained in our records and cannot be returned.

If you have any questions, our client services representatives are available Monday through Friday from 8:30 a.m. to 5:30 p.m. Eastern Time at 1-800-762-6212. We look forward to helping you any way we can.

On behalf of New York Life,

The New York Life Service Team

EXHIBIT J



2020 Pennsylvania Ave. NW #941,
Washington DC 20006-1846
icc@persecution.org
www.persecution.org

November 25, 2020

New York Life Annuity Service Center
P.O. Box 9859
Providence, RI 02940

RE: Decedent – David L. Minchen, Policy Number 53275308

Dear New York Life:

We received your letter dated November 24, 2020 requesting a death certificate for the above-mentioned individual.

International Christian Concern, Inc. ("ICC") is a non-profit 501c3 corporation organized under Maryland law. Mr. Minchen did not notify us in advance of his naming ICC as a beneficiary, and we do not have a personal contract with his estate. Further, ICC does not know what jurisdiction Mr. Minchen may have lived in or where he may have passed. Accordingly, ICC has no way of locating Mr. Minchen's estate representatives or the government authority that issues death certificates. ICC does not have a copy of the death certificate, so cannot send such document to you. As a result, ICC has no way of contacting a representative of the estate or government official to obtain a death certificate for Mr. Minchen.

Accordingly, we request that your claims department research the decedent's estate and other records and connections to obtain a death certification on behalf of ICC.

Please do not hesitate to contact Keven Baxter, Operations Manager with ICC, at operations.mgr@persecution.org or (949) 395-3900, with any questions or further requests. We look forward to working through the process with New York Life to settle the claim submission process.

Please let me know if you need anything further.

Best regards,

Keven F. Baxter,
Operations Manager